



# Incident Report Form

(Use this form to document a serious accident or complaint.)

Location:

Type of Incident:

Date(s) of Incident:

Names of Persons Involved (including ages and troop if girls):

Any witnesses?  Yes  No

Names, addresses and phone numbers of any witnesses:

Describe the situation chronologically.

(For an **injury** include 1. Type of injury 2. Name of first aider involved 3. Type of first aid given 4. What happened? Did person continue activity, go home, go to a medical facility? 5. Were parents notified?)

Resolution:

Submitted by:  Date:  Phone #:



**Troop Leader** submit to Overseas Committee Chair

**OCC** submit to USAGSO